NURSING STUDENTS’ ATTITUDES AND BELIEFS TOWARD TRANSGENDER AND GENDER-NONCONFORMING INDIVIDUALS

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At the conclusion of this CNR Seminar, participants will report the ability to:

- Describe the current state of healthcare for TGNC individuals.
- List demographic variables that play a significant impact on attitudes toward and beliefs about the TGNC population.
- Identify their intent to integrate concepts learned in this activity into professional nursing practice.
BACKGROUND AND PROBLEM

- TGNC population unknown
- Stigmas & prejudice
- Poor health outcomes
- Scant nursing research
- Lack of education for nursing students

(Butler, 2019; Cloyes, 2016; Carabez et al., 2014; Cornelius & Carrick, 2015; Flores et al., 2016; IOM, 2011; Giffort & Underman, 2016; Kellett & Fitton, 2016; Lim, 2013; Lim & Hsu, 2016; McCann & Brown, 2017; McWayne et al., 2010; Richardson et al., 2016; Strong & Folse, 2015; Walsh & Hendricksen, 2015)
STIGMA-SICKNESS SLOPE

(Winter, S., 2012)
Themes - More negativity among:

- Men
- ↑ Conservativism
- ↑ Religiosity
- ↓ Exposure

Ali et al., 2016; Barbir et al., 2016; Broockman & Kalla, 2016; Callahan & Zukowski, 2019; Campbell et al., 2019; Collier et al., 2013; Cragun & Sumerau, 2015; Elischberger et al., 2016; Elischberger et al., 2018; Fisher et al., 2017; Flores et al., 2016; Greenburg & Gaia, 2019; Grigoropoulos & Kordoutis, 2015; Harrison & Michelson, 2018; Jones et al., 2018; Kanamori et al., 2016; King et al., 2009; Lewis et al., 2017; Mbote et al., 2018; Nagoshi et al., 2008; Nagoshi et al., 2019; Norton & Herek, 2013; Persinger et al., 2020; Rad et al., 2019; Riggs & Sion, 2017; Rye et al., 2019; Scandurra et al., 2017; Sharma et al., 2019; Stern & Role, 2018; Warriner et al., 2013; Wilson et al., 2014; Winter et al., 2008; Woodford et al., 2012; Worthen, 2016)
SCOPING REVIEW

- NS feel unprepared r/t LGBTQ issues
- NS negativity > students of other HC professions
- Educational interventions help
- Interaction improves attitudes
- ↑ Religiosity correlates to ↑ negativity
- Gender correlates to attitudes

(Biligic et al., 2018; Brown et al., 2017; Carabez et al., 2014; Chapman et al., 2011; Cornelius & Carrick, 2015; Dastan, 2015; Dinkel et al., 2007; Lim & Hsu, 2016; Ng et al., 2015; Papadaki et al., 2015; Richardson et al., 2016; Strong & Folse, 2015; Unlu et al., 2016)
RESEARCH QUESTIONS

Aims: To explore the current attitudes and beliefs of nursing students in the United States; help fill a gap in nursing research

- RQ1: What are the attitudes and beliefs of nursing students toward TGNC individuals?
  - RQ2: Religiosity
  - RQ3: Political identifications
  - RQ4: Gender
  - RQ5: Contact/interaction w/ TGNC individual(s)
THEORETICAL FRAMEWORK

TRANSFORMING
Human Flourishing
Achieving Equity
Transforming Social Relationships

ENGAGING
Praxis
Analyzing Power
Collective Strategizing
Persisting

AWAKENING
Positioning
Confirming
Dialoguing
Dismantling

BECOMING
Identifying Personal Characteristics
Recognizing Socio-Environmental Factors

EMANCIPATORY NURSING PRAXIS

RELATIONAL CONTEXTS
INDIVIDUAL — GROUPS — ORGANIZATIONAL/INSTITUTIONAL — COMMUNITY — STATE — NATIONAL — INTERNATIONAL/GLOBAL

REFLEXIVITY
DESCRIPTIVE SELF-AWARE CRITICAL EMANCIPATORY
METHODS

- Descriptive, correlational design
  - Nation-wide survey of attitudes and beliefs
- Participants:
  - Prelicensure NS (from NSNA)
    - Recruitment email, video, survey link
  - Convenience sampling
  - Sample size needed = 278
  - Sample size attained = 977
Demographic information

- FITB: Age
- MC: Ethnicity, Home Region, Gender, Level of Interaction
- Scale: Political Identification, Religiosity
TRANSGENDER ATTITUDES AND BELIEFS SCALE (TABS)²⁷

- Kanamori (2016)
  - Evangelical Christians
- 29-items; 7-point Likert scale responses [Chronbach’s alpha (α) = 0.98]
- 3 subscales
  - Interpersonal comfort (α = 0.97)
  - Beliefs on gender (α = 0.95)
  - Human value (α = 0.93)
DESCRIPTION OF NURSING STUDENT SAMPLE

- Ages: 18-61 (mean = 30)
- Gender: 82.6% female; 12.7% male; 4.7% not listed
- Ethnicity: Caucasian 68.6%; 2+ ethnicities 9.5%, Latinx 8.3%, AA 6.4%; Asian 6.1%, other 1%
- Region of US: predominately Pacific and South Atlantic
- Interaction: Limited – occasional interaction
DATA ANALYSIS

Dependent variables (TABS subscales)
   Beliefs on gender
   Interpersonal Comfort
   Beliefs about human value

Independent variables
   Gender – MANOVA
   Contact/interaction – MANOVA
   Religiosity – Correlational
   Political ID - Correlational
RESULTS – RQ1

- **Beliefs on gender** (4.76 – 5.92)
- **Interpersonal comfort** (5.95 – 6.93)
- **Beliefs about human value** (6.70 – 6.90)

Note: All negatively-toned statements on scale were reverse coded
1 = negative attitudes/beliefs re: TGNC; 7 = positive attitudes/beliefs re: TGNC
RESULTS – RQ2

- “Rate the frequency to which your religious beliefs of practices influence your behaviors and decisions”
- 0 = never; 100 = always
- Mean = 38.84
- Negative, statistically significant relationship
RESULTS – RQ3

- “Generally speaking, what is your political identification?”
- 0 = Very conservative; 100 = Very liberal
- Mean = 64.91
- Positive, statistically significant correlation
RESULTS – RQ4

- Sample of 124 Males, 124 females considered
- Removal of “not listed” due to size
- Females [significantly] higher agreement
- Effect sizes small

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<th>Males</th>
<th>Females</th>
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<td>Interpersonal comfort</td>
<td>5.72</td>
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<td>Beliefs on gender</td>
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<td>Beliefs about human value</td>
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**RESULTS – RQ5**

- “What is your level of previous contact/interaction with transgender or gender nonconforming (TGNC) individuals?”
- 3 levels
  - Limited or No interaction (n=454)
  - Moderate to Frequent interaction (n=282)
  - Regular interaction (n=232)

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<tr>
<th></th>
<th>None or limited</th>
<th>Moderate to Frequent</th>
<th>Regular</th>
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<tr>
<td>Interpersonal comfort</td>
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<td>Beliefs on human value</td>
<td>6.77</td>
<td>6.81</td>
<td>6.90</td>
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DISCUSSION

- Results support previous research
  - Factors that influence beliefs
  - Attitudes and beliefs among nursing students
  - Attitudes and beliefs among general populous
- Varying results from previous use of TABS tool:
  - Nursing students and beliefs about human values
LIMITATIONS

- Sampling bias re: NSNA
  - Homogeneity
  - Membership fee
  - Not required

- Use of TABS tool
  - Reliability issues r/t population
  - “I” versus “they”

- Development of interaction demographic
  - Too many categories
  - Subjective
Foundational research about current attitudes

Next steps:

- Nation-wide survey of faculty attitudes and beliefs for comparison
- Qualitative work re: development of beliefs
- Educational tools to increase interaction
- Study of effectiveness of educational interventions, standardized patients, panels, etc.
CONCLUSION

- TGNC population
  - Healthcare disparities; Barriers to care
- Lack of knowledge/education increases disparities
- Scant *nursing* research
- Study findings support current research:
  - Nursing students attitudes toward LGBTQ
  - General populous attitudes toward TGNC
Care for TRANS GENDER AND GENDER NONCONFORMING Individuals

Dr. Jennifer Castleberry
Learning Objectives

Define terms related to the TGNC population.

Discuss various treatment and therapeutic intervention options for TGNC individuals.

List special considerations for the TGNC population related to health history and physical examination.
STIGMA
Breaking down barriers
"The expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative."

(WPATH, 2021, p. 4).
**WPATH**

**World Professional Association for Transgender Health**

**Mission**
- Promotion of EBP, research, policy, respect

**Vision**
- Equal access to quality care

**Goals**
- Increase understanding
- Increase networking
- Provide Standards of Care
Standards of Care

The World Professional Association for Transgender Health

Version 7, 2012
Free to download at:
https://www.wpath.org/publications/soc
- Transgender – personal/gender identity does not correspond with their birth sex
- Gender nonconformity – gender identity, role, expression differs from cultural norms
- Gender dysphoria – discomfort or distress caused by discrepancy between gender identity and assigned sex
- Cisgender – gender identity matches assigned sex
Transgender

personal/gender identity does not correspond with sex assigned at birth

(WPATH, 2012)
Gender Nonconforming

gender identity, role, expression differs from cultural norms

(WPATH, 2012)
Gender dysphoria

discomfort or distress caused by discrepancy between gender identity and assigned sex

(WPATH, 2012)
Cisgender

gender identity matches sex assigned at birth

(WPATH, 2012)
THERAPEUTIC OPTIONS

Care
Treatment options

- Changes in gender expression
- Hormone therapy
- Surgery to change primary and/or secondary sex characteristics
- Psychotherapy
- None
  - Process is not linear
  - Identities are continually negotiated
Talk to your patient and gather information before proceeding with any examination!
TAKING A HISTORY

A Gender Affirming Approach
Taking a History

Sensitive to possible prior negative experiences

- Discrimination
- Physical or emotional abuse

Gender affirming approach

- Name
- Pronouns
- Use general terminology for body parts (or ask preference)
- *ONLY* exam genitalia when medically appropriate

https://transcare.ucsf.edu/guidelines/physical-examination
PERFORMING AN ASSESSMENT

A Gender Affirming Approach
Assessment: Trans Women

- Breast development
- Feminine fat redistribution
- Reduced muscle mass
- Thinned/absent body hair
- Decrease in testicle size
- Softened, thinner skin

https://transcare.ucsf.edu/guidelines/physical-examination
Assessment: Trans Men

- Facial and body hair
- Androgenic alopecia
- Clitoromegaly
- Increased muscle mass
- Masculine fat distribution
- Acne

https://transcare.ucsf.edu/guidelines/physical-examination
Pelvic Exams for Trans Men

- Can be traumatic and anxiety inducing
- Allow support person to be present
- Discuss procedure prior
- Explain each step
- Ask what terms they use
- Offer mirror
- Start least invasive

https://transcare.ucsf.edu/guidelines/physical-examination
More on Pelvic Exams for Trans Men

- Less likely to be up-to-date on screenings
- Higher rate of inadequate cytological sampling
  - CLEARLY label lab samples
- Might be necessary to postpone
- Provide resources

https://transcare.ucsf.edu/guidelines/physical-examination
OTHER CLINICAL CONSIDERATIONS

labs, skin
No hormone therapy or removal of ovaries or testicles?
Use labs according to sex assigned at birth.

On hormone therapy or after removal of ovaries or testicles?
Use labs according to gender identity.

**Other Considerations**

- **Chest binding**
  - Higher risk of skin breakdown
  - Hesitancy to remove binder for exam

- **Tucking of testicles and penis**
  - High risk of hernias at external inguinal ring
  - Increased risk of skin breakdown at perineum

https://transcare.ucsf.edu/guidelines/physical-examination
QUESTIONS

Love is never wrong

Thank you!